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APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/648,304	08/27/2003		Gert Kir	m Jensen	034896-0103	3552
APPLN. TYPE				PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$550		\$300	\$850	06/20/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
HAAS, WENDY C		1661 PLT-263000				
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicate PTO/SB/47; Rev 03-02 o Number is required.  ASSIGNEE NAME AND		Correspondence tion form of a Customer E PRINTED ON T	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for I a substitute for filing an assignment.			
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	from status indicated above) AALL ENTITY status. See 3	)	_			
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Authorized Signature	telle		ir	# 35 Date 35	,087 (	2/20/05
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